

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2009 JUL 13 AM 7:56

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Common Ground for Washington Schools PAC

IMPORTANT: Indicate by # type of committee you are reporting for: 11

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (If applicable)

Office Sought

District (If Senate or House)

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

319-653-6561
TELEPHONE

7/12/09
DATE SIGNED

I AM FILING A July 10, 2009 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 2

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

09/08/2009

County & Local Committees, enter County in
which Election is held
WASHINGTON

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

1,850.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

1,850.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

0.00

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

1,850.00

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 0.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Common Ground for Washington Schools PAC

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/09/09	ID# CK#	Steve Olson, 2748 E. Trio Lane, Washington, Iowa 52353	N/A	\$100.00	<input type="checkbox"/>
07/09/09	ID# CK#	Donald D. Brown, 409 East Main Street, Washington, Iowa 52353	N/A	100.00	<input type="checkbox"/>
07/09/09	ID# CK#	Edwin Lins, 609 N. 2nd Ave, Washington, Iowa 52353	N/A	100.00	<input type="checkbox"/>
07/09/09	ID# CK#	Melvin & Cathy Rich, PO Box 214, Brighton, Iowa 52540	N/A	100.00	<input type="checkbox"/>
07/09/09	ID# CK#	Mark Kendall, CPA, PC, 206 South Iowa Ave, Washington, Iowa 52353	N/A	500.00	<input type="checkbox"/>
07/09/09	ID# CK#	Susan Basten, 1620 Country Club Road, Washington, Iowa 52353	N/A	50.00	<input type="checkbox"/>
07/09/09	ID# CK#	Margaret M. Wolf, 20 Locust Ln, Washington, Iowa 52353	N/A	250.00	<input type="checkbox"/>
07/09/09	ID# CK#	Joseph McConnell	N/A	100.00	<input type="checkbox"/>
07/09/09	ID# CK#	David Sextro, 124 17th Ave East, Albia, Iowa 52531	N/A	200.00	<input type="checkbox"/>
07/09/09	ID# CK#	Luke Horak, 2735 West Trio Lane, Washington, Iowa 52353	N/A	50.00	<input type="checkbox"/>

SUB-TOTAL

\$ 1,550.00

TOTAL (If last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Common Ground for Washington Schools PAC

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07/09/09	ID# CK#	Stephanie Ellingson	N/A	\$200.00	<input type="checkbox"/>
07/09/09	ID# CK#	Catherine J. Glinsmann	N/A	100.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
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	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 300.00	
TOTAL (If last page of this schedule)				\$ 1850.00	

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(for Schedule A)